Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	010409	A. BUILDING _____ B. WING _____	R-C 09/26/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEYSTONE WOODS	2335 NORTH MADISON AVENUE ANDERSON, IN 46011

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the PSR completed on August 31, 2011 to the investigation of complaint IN00093520 completed on July 15, 2011. Complaint IN00093520 - corrected. Survey date: September 26, 2011 Facility number: 010409 Provider number: 010409 AIM number: N/A Survey team: DeAnn Mankell, R.N. Census bed type: Residential: 60 Total: 60 Census payor type: Other: 60 Total: 60 Sample: 3 Keystone Woods was found to be in compliance with 410 IAC 16.2 in regard to the PSR to the PSR to the Investigation of Complaint IN00093520. Quality review 9/27/11 by Suzanne Williams, RN	{R 000}		